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ABSTRACT

A survey was conducted to measure the attitudes and beliefs of parents of preschoolers about child sexual abuse prevention programs. Surveys were distributed to parents at various programs serving 3- to 5-year-old children in a Colorado community. The survey gathered information on parents' demographic characteristics, involvement in prevention efforts, attitudes toward teaching specific prevention concepts, beliefs regarding the risks and benefits of prevention programs, and beliefs about who should participate in such programs. It was found that 16.5% of the parents had a neighbor or acquaintance who had been a victim of sexual abuse as a child. A total of 11.7% reported having been abused themselves, while less than 2% reported that their child had been abused. A total of 59.1% indicated that they discussed sexual abuse with their preschooler. Few parents warned their children that perpetrators of sexual abuse might be someone the children knew. Most parents taught children to say "no" to perpetrators, and to get away and tell a parent, and most strongly agreed that these concepts should be taught in prevention programs. A total of 72.5% of the parents believed that all preschools and day care centers should have child sexual abuse prevention programs. Mean responses to survey items are included. (AC)

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Sexual Abuse Prevention for Preschoolers: A Survey of Parents' Behaviors, Attitudes, and Beliefs

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Sexual Abuse Prevention for Preschoolers: A Survey of Parents' Behaviors, Attitudes, and Beliefs

With recent epidemiological research and clinical reports documenting that a significant percentage of child sexual abuse (CSA) occurs before age seven (e.g., Cupoli & Sewell, 1988), prevention programs for preschoolers have recently appeared. Because parent involvement in CSA prevention for preschoolers is essential, a better understanding of parents' behaviors, attitudes, and beliefs is needed to guide effective program development.

A limited number of studies have surveyed parents' prevention-related behaviors and attitudes. In 1984, Finkelhor surveyed parents of children aged 6-14 and found that only 29% had discussed sexual abuse with their children. In 1987, Wurtele and Miller-Perrin found that 47% of parents of kindergartners had discussed the topic. More recently, Conte and Fogarty (1989) found that the majority (91%) of parents of elementary school-aged children had talked with their children about sexual abuse, but this was a select, pro-prevention group of parents (their questionnaire return rate was only 7%). With these varied findings, it is important to assess a larger sample of parents of preschool-aged children regarding CSA education.

The success of prevention lessons taught at preschools depends on the support of parents. Parents who have concerns about these programs or believe they are harmful may not allow their children to participate, possibly precluding their exposure to this information. For those children who do participate, parents can help reinforce prevention concepts and skills, answer questions, and correct their children's misconceptions. What is taught in prevention programs needs to be coordinated with what parents are conveying to their children about personal safety. Some lessons about personal safety taught at preschool could directly contradict those taught at home, causing confusion in the child or conflicts between parents and children. Thus, determining parents' views about CSA prevention programs is essential.

This survey addresses several questions. First, how often do parents discuss sexual abuse with their preschoolers, and what is the content of their discussions? Second, what are their reasons for not discussing this topic? Third, how do parents who discuss sexual abuse with their preschoolers differ from those who do not? Fourth, what do parents believe preschoolers should learn about sexual abuse, and what are their beliefs about prevention programs for preschoolers?

Method

Subjects and Procedure

Surveys were completed by 375 parents of preschoolers. The surveys and a cover letter explaining its purpose and ensuring confidentiality were distributed at various programs serving children ages 3 to 5 (e.g., preschools, Head Start enrollment office, Park & Recreation program) in a Colorado community of 279,000. Participants returned the questionnaires to their respective sites (50% return rate).

Measure

The intent of the survey was to measure the attitudes and beliefs of parents of preschoolers about CSA prevention programs (referred to as "body safety programs" in the questionnaire). The survey was divided into five sections: (a) demographic information; (b) current involvement in prevention efforts; (c) attitudes toward teaching 25 CSA prevention concepts; (d) beliefs regarding the risks and benefits of CSA prevention programs (8 items; Cronbach's alpha = .75); and (e) beliefs regarding who should participate in CSA prevention programs (6 items; Cronbach's alpha = .75). For sections c, d, and e, parents indicated the extent to which they agreed with the statement by using a 1 (strongly disagree) to 5 (strongly agree) scale. Parents also rated the extent to which they believed that all preschools should have CSA prevention programs, that these programs should be evaluated, and that only experts, not parents, should teach the programs. Parents indicated how likely they were to allow their children to participate in a CSA prevention program. Parents were also asked at what age and where (home, school, or both) preschoolers should learn about sexual abuse prevention.

Results

Demographics

Table 1 contains demographic information on survey participants. In terms of their experiences with child sexual abuse victims, 16.5% reported knowing a neighbor or acquaintance, 14.9% had a close friend, and 13.6% had a relative who had been sexually abused as a child. In addition, 12.3% knew a CSA perpetrator, 11.7% reported being sexually abused themselves, with more females than males reporting a history of abuse (13.7% vs. 4.8%, $\chi^2(1) = 4.25$, $p < .05$), and less than 2% reported that their own child had been sexually abused.

Current Involvement in Prevention Efforts

Table 2 summarizes parents' involvement in prevention efforts. As can be seen, 59.1% of the parents reported discussing sexual abuse with their preschooler, and had done so an average of 5.4 times. Few parents had used books or games to discuss sexual abuse, and few children had attended

a formal prevention program. In terms of what parents told their children about sexual abuse, almost all parents warned their children that someone might touch their genitals. The majority covered "stranger-danger" by focusing on warnings about cars and bribes; fewer parents covered touching the perpetrator's genitals, exhibitionistic, or pornographic activities. Although almost all parents warned about strangers, few parents included known adults, adolescents, relatives, parents, or siblings as possible perpetrators. Most parents taught children to say "no", get away, and tell a parent if someone tries to abuse them. Half of the parents taught their preschooler to fight back; fewer instructed their children to tell more than one person. The two main reasons for not discussing CSA were that "It had not occurred to me" and "My child is too young to understand" (the average age of their preschoolers was 3.9, compared with 4.1 for parents who did discuss the topic). Other reasons for not discussing sexual abuse related to lack of vocabulary, knowledge, and materials.

Attitudes Toward CSA Prevention Programs

Table 3 reports the percentages of parents who strongly agreed that various prevention concepts should be taught to preschoolers. There was strong agreement that preschoolers should say "no", report their abuse and not keep it a secret, be told that they have the right not to be touched in uncomfortable ways, and be told that sexual abuse is never a child's fault. Concepts less frequently supported were teaching children to fight back, that parents can be perpetrators, to listen to their feelings to decide if a touch is abusive, to tell only their parents if abused, the meaning of sexual abuse terms, that adults do not always believe children's reports of abuse, that it is okay for children to touch their own genitals, and descriptions of sexual behaviors.

Beliefs About CSA Prevention Programs

As can be seen in Table 4, parents slightly agreed that the programs help prevent sexual abuse and were neutral as to whether they make children afraid of strangers. Parents disagreed with the statements that children make up stories, develop strange ideas about sex, become distrustful or afraid of physical affection, or start disobeying after participating in a prevention program.

Table 5 describes their beliefs about what types of children need to participate in CSA prevention programs. Parents slightly disagreed with the statements that their own children were not at risk for sexual abuse and that preschoolers are either too young or do not need to be learning about body safety. They strongly disagreed that children in religious and wealthy families are not at risk,

and almost all parents recognized the need for both boys and girls to learn about sexual abuse.

The majority of parents (72.5%) believed that all preschools and day care centers should have CSA prevention programs, and that these programs should be evaluated to determine whether children learn the concepts and skills (89.5% slightly or strongly agreed). Very few parents (9.8%) believed that only experts, not parents, should teach body safety to preschoolers. Almost all parents (94.1%) believed that CSA prevention programs should be taught both at home and school. They indicated that children should be given this information at an early age (M = 3.4 years; mode = 3; range = 1 to 7). Over 84% of the parents said they were either somewhat or very likely to allow their children to participate in a CSA prevention program.

Comparisons of 'Discussers' and 'Nondiscussers'

Comparisons between parents who had discussed sexual abuse ('Discussers', n = 217) and those who had not ('Nondiscussers', n = 150) showed that 63% of the females had discussed the topic compared with only 46% of the males ($\chi^2(1) = 7.14$, $p < .01$). 'Discussers' had completed more education compared with 'nondiscussers' ($\chi^2(6) = 22.79$, $p < .001$). In terms of their experience with sexual abuse, more 'discussers' knew a close friend who had been sexually abused (21.2% vs. 5.3%, $\chi^2(1) = 16.55$, $p < .001$), knew a neighbor or acquaintance who had been abused (20.3% vs. 10.7%, $\chi^2(1) = 5.99$, $p < .02$), had been sexually abused themselves (15.7% vs. 6.7%, $\chi^2(1) = 6.81$, $p < .01$), and more knew a perpetrator (16.6% vs. 5.3%, $\chi^2(1) = 9.61$, $p < .01$) compared with 'nondiscussers'. When asked at what age they thought children should learn about sexual abuse, 'discussers' suggested an average age of 3.01 years compared with 4.12 years suggested by 'nondiscusssers', $F(1,339) = 50.06$, $p < .001$.

Comparisons were conducted between the two groups on their beliefs about CSA prevention programs. A Multivariate Analysis of Variance (MANOVA) was performed on the Beliefs scale to assess differences between 'discussers' and 'nondiscussers'. The MANOVA was significant, Wilk's lambda = .896, $F(8,337) = 4.87$, $p < .001$, with univariate tests being significant on 7 of the 8 items (see Table 4). In general, parents who had not discussed sexual abuse held more negative beliefs about prevention programs. 'Discussers' and 'nondiscussers' were also compared on their beliefs as to who needs CSA prevention programs (see Table 5). The MANOVA was significant, Wilk's lambda = .840, $F(6,347) = 10.99$, $p < .001$, with univariate tests being significant on 5 of the 6 items. Compared with 'discussers', 'nondiscussers' were less likely to view their preschoolers as being "at risk" for sexual abuse, and were

more likely to believe that preschoolers are too young to be learning about body safety and that they do not need prevention lessons.'Nondiscussers' were less likely to allow their children to participate in a CSA prevention program compared with 'discussers', Ms = 4.55 vs. 4.16, $F(1,352) = 11.83$, $p < .001$.

Discussion

Among this sample of parents of preschoolers, over half (59.1%) said they had discussed sexual abuse with their children, and had done so an average of 5.4 times. Encouragingly, almost all of the parents said they had warned their children that someone might try to touch their genitals. However, similar to Finkelhor (1984) and Wurtele, Currier, Gillispie, and Franklin (1991), a majority focused on "stranger-danger" by warning their children not to be lured into someone's car or to accept a bribe. Few parents mentioned that perpetrators might demand that the child touch their genitals, exhibit their genitals inappropriately to the child, or involve the child in pornographic activities. The relative emphasis on "stranger-danger" was also seen in their descriptions of who might try to molest them, as the overwhelming majority of parents talked to their children about the possibility of abuse by strangers. Fewer parents mentioned abuse by acquaintances, older children/adolescents, relatives, parents, or siblings. Furthermore, parents were somewhat reluctant to have preschoolers taught that older children, adolescents, or parents could be perpetrators. Although teaching their children to be wary of strangers may make it easier for parents to discuss sexual abuse, this approach misrepresents the problem, and is of little relevance to preventing a significant number of CSA cases. In order to help children recognize potential abuse, it is essential that the most common types of perpetrators and sexual activities be described.

When we compared parents who did and did not discuss sexual abuse with their children, the two groups were similar on most demographic variables, although females and those with more education were more likely to discuss the topic. 'Discussers' were more likely to know sexual abuse victims or perpetrators compared with 'nondiscussers', and as in Finkelhor (1984), were more likely to have been abused themselves. Perhaps the experience of being abused or the contact with either a victim or a perpetrator helps parents overcome their reticence to discuss this topic. When asked about their reasons for not discussing sexual abuse with their preschoolers, some parents said that it had not occurred to them to do so, which may have been related to their lack of experience with victims or perpetrators. Another reason was that they viewed their children as being

too young to understand the topic. 'Nondiscussers' were also less likely to view their preschoolers as being at risk for sexual abuse, suggesting a need to inform parents about the incidence of sexual abuse and about how even young children are at risk for sexual victimization. Other reasons given for not discussing sexual abuse related to a lack of knowledge, vocabulary, or materials, suggesting a need to provide parents with assistance and materials to discuss the topic with their preschoolers. 'Nondiscussers' held more negative beliefs about CSA prevention programs compared with 'discussers', and were less likely to allow their children to participate in a CSA prevention program. For parents of potential prevention program participants, it would be important to dispel the myths regarding harmful effects of these programs to increase the likelihood that they would allow their children to participate. Available research suggests that prevention programs are associated with no or minimal short-term negative effects (Hazzard, Webb, Kleemeier, Angert, & Pohl, 1991; Nibert, Cooper, & Ford, 1989; Wurtele, 1990).

When asked what should be taught in CSA prevention programs, parents' views were quite consistent with what is frequently included in prevention lessons (e.g., to say "no", get away, and tell someone about the experience). Very few parents thought children should be taught the meaning of sexual abuse terms or given descriptions of sexual behaviors; information rarely provided in prevention programs. Unfortunately, only one-third of the parents strongly agreed that "children should be taught that it is OK for them to touch their own genitals as long as it is done in private." Such a lesson can enhance body exploration and appreciation, along with a healthy sense of sexuality. Yet many parents appear concerned that if they teach this concept, their children will masturbate excessively, display their genitals inappropriately, or embarrass their parents by making comments about genitals in public places. If this concept is going to be included in prevention programs (which we believe it should), parents need to be provided with a rationale for its inclusion and also suggestions for handling any problems. Only half the parents strongly agreed that children should be taught to "listen to their feelings" to determine the appropriateness of a touch, an approach used by the majority of prevention programs for school-aged children (Tharinger et al., 1988). Parent concern about the appropriateness of this teaching approach is consistent with empirical research showing its ineffectiveness with preschoolers (Wurtele, Kast, Miller-Perrin, & Kondrick, 1989).

Almost all prevention programs teach abstract terms for genitals (e.g., private parts) based on the assumption that parents would not want their children taught anatomically

correct terms. Among this sample of parents, almost two-thirds reported teaching their children correct names for genitals. When asked, 85% slightly or strongly agreed that children need to be taught the correct names for their genitals, and another 10% were unsure, suggesting that parents may be receptive to having this information included in prevention lessons. Teaching children the names of all their body parts can enhance body pride and open the lines of communication for later sexuality education. Children lacking this knowledge may be hindered in disclosing inappropriate sexual activity. It is important to provide parents with a rationale for teaching anatomically correct terms.

Parents varied on their views about children's rights. Although the majority strongly believed children should be taught that they have the right to be "safe, strong, and free", fewer believed they should be taught the more specific rights of saying "no" to adults or of deciding who can touch their genitals. Many programs encourage children to be more assertive and teach children body ownership and control. Telling children they have these rights will work at cross purposes if parents do not recognize and support these rights.

In general, parents supported the inclusion of CSA prevention programs in preschools and agreed as to the importance of evaluating prevention efforts. For the most part, they believed that these programs help prevent sexual abuse. Although half the sample expressed concern that the programs make children afraid of strangers, few believed that children make up stories, develop strange ideas about sex, become distrustful or afraid of physical affection, or start disobeying after participating in a CSA prevention program. This sample of parents also expressed a strong desire to be involved in prevention efforts with their children. Almost all (94%) believed preschoolers should learn about sexual abuse prevention both at home and at school. Very few parents (less than 10%) believed that only experts, not parents, should teach children about sexual abuse. Their suggestion that children should be taught about sexual abuse when young (on average, 3.4 years) also implies that parents want to play an active role in prevention. The time has come for parent inclusion in prevention efforts. Parents, educators, and most importantly, the children, stand to benefit.

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Table 1
Demographic Information on Parents

Gender	Female 77.6%		Male 22.4%		
Marital Status	Married/Cohabitating 77.3%				
	Divorced/Separated 16.0%				
	Single 6.7%				
Highest Educational Level	Less than High School 5.9%				
	High School Graduate 26.1%				
	Some College 29.9%				
	2-Year College Grad 9.9%				
	4-Year College Grad 14.1%				
	Graduate Work 5.3%				
	Graduate Degree 8.8%				
Race	White 79.7%				
	Hispanic 9.6%				
	Black 7.2%				
	American Indian 1.1%				
	Other 2.4%				
Age	20-25 16.9%				
	26-35 57.1%				
	36-45 24.4%				
	46-55 1.6%				
Income	$0-999 4.5%		$40,000-49,999 13.6%		
	$1,000-9,999 12.5%		$50,000-59,999 7.4%		
	$10,000-19,999 21.0%		$60,000-69,999 4.0%		
	$20,000-29,999 18.2%		$70,000-79,999 1.7%		
	$30,000-39,999 13.1%		$80,000 & over 4.0%		
Religion	Protestant 36.1%		Jewish 1.4%		
	Catholic 32.1%		None 12.2%		
	Fundamentalist 6.3%		Other 12.0%		
Political Philosophy	Middle of the Road 42.8%				
	Conservative 26.1%				
	Liberal 17.3%				
	None of the Above 13.9%				

Note. n = 375.

Table 2
Involvement in Prevention Efforts

Discussions about CSA

Ever discussed CSA with preschooler? Yes 59.1%
How many times? M = 5.4 (Mode = 3; Range = 1-100)

Prevention Activities

Read books/played games	17.6%
Child attended program	6.4%

Concepts Covered

Someone might try to:

touch your genitals	89.2%
lure you into their car	87.4%
tempt you with rewards	74.1%
touch your genitals and make you keep it a secret	65.5%
ask you to touch their genitals	40.8%
show you their genitals	36.7%
take pictures of your genitals	11.3%

Taught anatomically correct terms for genitals 61.0%

Descriptions of Possible Perpetrators

Strangers	90.1%
Adults you know	61.0%
Children/Adolescents	52.0%
Relatives	35.0%
Parents	21.5%
Siblings	18.8%

Skills Taught

Tell a parent	84.7%	Scream	63.7%
Try to get away	77.1%	Fight back (hit)	51.1%
Say "no" assertively	76.2%	Tell > 1 person	32.4%

Reasons for Not Discussing CSA (n = 150)

It has not occurred to me to discuss this topic	47.7%
My child is too young to understand	42.3%
I don't know how to explain it	16.9%
I don't know enough about the topic	16.1%
Can't find materials to help me explain it	15.4%
The topic might frighten my child	14.8%
My child is not at risk for sexual abuse	13.4%
My child is not interested in the topic	10.7%
Sexual abuse is too difficult for me to discuss	6.0%
The topic is too painful for me to discuss	1.4%
I would be too embarrassed to discuss the topic	1.3%
Discussing the topic is against my religion	.7%

Table 3
Percentage of Parents Strongly Agreeing Concept Should Be Taught

	Concept	%
1.	Children should be taught that if they are sexually abused, they should tell someone what happened.	98.4
2.	Children should be taught that they can say "no" to someone who tries to sexually abuse them.	97.6
3.	Children should be taught never to keep secrets about a bigger person touching their genitals.	92.0
4.	Children should be taught that they have the right not to be touched in ways they feel are uncomfortable.	91.1
5.	Body Safety Programs should teach children that it is never their fault if they have been abused.	90.3
6.	Children should be taught that it is not OK for anyone to take pictures of their genitals.	89.7
7.	Children should be taught that if someone tries to abuse them they should try to get away.	88.4
8.	Children should be taught that they have the right to be "safe, strong, and free."	86.7
9.	Children should be taught that it is OK for doctors or parents to touch a child's genitals if the child's genitals are hurt or sick.	85.5
10.	Children should be taught that if someone tries to abuse them, they should scream loudly.	82.5
11.	Children should be taught that strangers are the only people who abuse children. (% strongly disagree)	81.4
12.	Children should be taught that they have the right to say "no" to an adult.	81.3
13.	Children should be taught when it is OK and not OK to have their genitals touched or looked at by a bigger person.	80.2
14.	Children should be taught how to report if they have been sexually abused.	79.1

Table 3 (Continued)

Concept	%
15. Children should be taught that they have the right to decide who touches their genitals.	74.1
16. Children should be taught that sometimes older children and adolescents try to sexually abuse younger children.	72.7
17. Children should be taught the correct names for their genitals (e.g., penis, vagina)	68.5
18. Children should be taught that if someone tries to sexually abuse them, they should fight back (e.g., hit, kick)	65.5
19. Children should be taught that someone a child loves could try to sexually abuse them, even a parent or a step-parent.	62.8
20. Children should be taught to "listen to their feelings"; how they feel about a touch determines whether it is OK or not OK.	55.2
21. Children should be taught that if they are being abused, they should tell only their parents. (percent strongly disagreeing)	46.1
22. Children should be taught the meaning of sexual abuse terms, such as rape, incest, or molester.	42.3
23. Children should be told that sometimes adults don't believe a child who reports being abused.	34.3
24. Children should be taught that it is OK for them to touch their own genitals as long as it is done in private.	34.0
25. To better prepare children for real-life abusive situations, specific sexual behaviors (e.g., intercourse) should be described	18.7

Table 4
Beliefs About Child Sexual Abuse Prevention Programs

	Total Mean (SD)	Disc Mean (SD)	Nondisc Mean (SD)	F(1,344)
1. Body safety programs will help prevent child sexual abuse.	4.07 (1.11)	4.21 (1.07)	3.93 (1.11)	5.52*
2. Children become more afraid of strangers after being in a body safety program.	3.25 (1.11)	3.16 (1.21)	3.37 (0.92)	3.32
3. Children are more likely to make up stories about being sexually abused if they have been in a body safety program.	2.24 (1.13)	2.01 (1.08)	2.54 (1.12)	19.07***
4. Body safety programs make children afraid to receive safe hugs or touches from Mom and Dad.	1.94 (1.17)	1.72 (1.11)	2.20 (1.18)	15.23***
5. Children will develop strange ideas about sex if they learn about body safety.	1.94 (1.09)	1.75 (1.06)	2.18 (1.06)	13.50***
6. If children are taught body safety skills, they will be afraid to trust anyone.	1.86 (1.01)	1.69 (0.95)	2.08 (1.04)	12.90***
7. If children are taught that they have the right to say "no", then they will start disobeying their parents.	1.83 (1.04)	1.62 (0.94)	2.13 (1.12)	21.20***
8. Children are more likely to try out sex if they learn about body safety.	1.80 (1.03)	1.65 (1.00)	2.01 (1.03)	10.52**

Note. Items scored using a 1 (strongly disagree) to 5 (strongly agree) scale.
Total sample n = 375. Discussers n = 217.
Nondiscussers n = 150.
*p < .02. **p < .01. ***p < .001.

Table 5
Who Needs CSA Prevention Programs

	Total Mean (SD)	Disc Mean (SD)	Nondisc Mean (SD)	F(1,352)
1. My child is not at risk for being sexually abused.	1.87 (1.17)	1.66 (1.07)	2.16 (1.24)	16.28***
2. Preschoolers are too young to be learning about body safety.	1.78 (1.11)	1.44 (0.88)	2.25 (1.18)	55.35***
3. Because sexual abuse of young children is so rare, preschoolers do not need body safety program.	1.42 (0.84)	1.24 (0.71)	1.67 (0.94)	24.08***
4. Children who live in religious homes do not need body safety programs.	1.29 (0.80)	1.21 (0.75)	1.43 (0.89)	6.19*
5. Children who live in wealthy families do not need body safety programs.	1.14 (0.55)	1.09 (0.51)	1.20 (0.61)	3.37
6. Only girls need to learn about sexual abuse and how to protect themselves.	1.10 (0.47)	1.04 (0.39)	1.13 (0.55)	7.81**

Note. Items scored using a 1 (strongly disagree) to 5 (strongly agree) scale.
Total sample n = 375. Discussers n = 217.
Nondiscussers n = 150.
*p < .02. **p < .01. ***p < .001.